2018

GRAND RAPIDS PARTNERSHIP INCOME TAX RETURN

For fiscal year or other	er taxable period begin			/ 2018 and 6	ending									
IDENTIFIC	ATION ANI	D INFORM	ATION											
A1. Name of partnersh	nip							mployer ider		No.				
A2. In care of							-	rincipal busi		eite /				
										•				
A3. Street number and	1 name				A4 Rm	ı. or Ste. No.		rincipal prod		vice	DC	Niahan af		
								umber of pa		ie filina this		Number of		opriate box:
A4. Address 2							U. V		-	_				•
	-							C2. Don		eral partnersh ted liability ()	lip _	C5. D		nited partnership nited liability LLP)
A5. City, town or post	office		A6. State	A7. 2	ip code		D. V		eign partn of returi	ership n filed. Che	ck all b		ther ► apply:	
A8. Foreign country na	ame	A9. Foreign province/	county	A10.	Foreign po	ostal code		-	rmation o	nly	\vdash	D3. Amend		
Enter below the q	eneral partner or n	nember manager o	designated	as the tax	matters	partner (TN	(P) or			ership retu				return:
E1. Name of design	·									entifying nun				
E2. If the TPM is an of TMP representati									E5. PI	none number	of TMF	•		
E3. Address of desi	gnated TMP													
F. Mark	(X) box if partnersh	nip elects to pay ta	ax on beha	If of partne	rs, comp	lete the ren	nainin	g sections	of the	return that	apply a	nd the re	mainder (of this page.
	ership may elect to pation and Information					•			•	•				•
TAX	Tax (Sum of totals	s of Tax Due Schedule	e. column 8 a	nd column 9)								1		
	·	e tax payments for tax		<u> </u>					2a					
	2b. Prior year credit for	orward	-						2b					
PAYMENTS &	2c. Extension Payme	ent							2c					
CREDITS	2d. Tax paid by anoth													
		d to another city on beh	nalf of resider	nt nartners (F	nter total fr	rom Sch G. col	7)		2d			_		
	•	Id lines 2a through 2e)		it partitoro (E	inci total ii	0111 0011 0, 001	• ,		2e			95		
BALANCE DUE		e 1) is larger than the p		credits (line	2f), enter b	alance due						2f		
BALANCE DUE		neck or money order pa	•	•	•		with an	electronic						
	funds witho	drawal: mark (X) Pay T	ax Due box,	line 8 and cor	nplete line	8 a, b & c						3		
OVERPAYMENT	4. If payments and o	credits (line 2f) are larg	er than tax (L	ine 1), enter	overpayme	ent						4		
CREDIT FWD	Overpayment to b	be credited forward and	d applied to 2	2019 estimate	d tax							5		
DONATIONS	6. Donations:	Flags for Veterans 0	Graves in GR	Gran 6b.	d Rapids (Childrens Fund	1	ic.			Total Donatio	ns 6d		
REFUND	7. Refund. For direct	t deposit refund mark	(X) box on lin	e 8 and comp	olete lines 8	8 a, b & c (Line	4 less	lines 5 and	6d)			7		
ELECTRONIC	Direct deposit re	fund or direct	8a	Refund) i+)	8c R	outing	number						
REFUND OR	withdrawal paym	ent (Mark (X)	8b	(Direct I	due	8d A	ccount	number						
PAYMENT DATA	appropriate box complete lines 8			(direct w	ithdrawal)	8e A	ccount	Type:		8e1. Checki	na	Τ [8e2. Saving	as
	JRE OF RE	TURN INFO	ORMA	TION										
	allow the preparer or an				ne Tax Offi	ce?		9a Yes	complete	10a and 10b		9b. No	<u> </u>	
10a. Designee's name		outer person to disease			io rax oiii					gnee's phone	number	00.11		
SIGNATUR	<u>KE</u>													
	y of perjury, I declare pared by a person oth				. , .			,		,		ge and bel	lief it is tru	ie, correct and
11a. Date signed	11b. Signature of pa	artner				11c. Printed	name o	f partner sig	ning retu	'n		11d. P	hone numb	er
												()	_
12a. Signature of prep	parer		12c. F	irm name		1						12q. D	ate prepare	ed
				Address 1										
12b. Printed name of	oreparer			include suite Address 2	#)							12h. P	reparer's p	hone number
				City, state								\dashv_{\prime}	١	_
Return is due	April 30, 2019	or the last day		<u>& zip code</u> fourth m	onth at	fter the c	080	of tay v	ear	13. NACT	P softwa	re number		GRR15
		aut au	,		u			J y					1	~

Name o	f partnership Pa	artnership's FE	IN		2018 Form	GR-1065, Schedu	edule 1	
	SCHEDULE 1 - PAR	RTNER IN	FORMA	TION SC	HEDULE		Revised 08/25/2015 Attachment 1	
P A R T N E R	COLUMN 1 NAME AND ADDRESS OF ALL PARTNERS (Complete column 1, column 2 and, if necessary, columns 3 a column 4 for partner equals part-year (PR or PN), report the resinonresident portions on separate partner lines) Enter partner's name and address as per example below Partner's Name	and 4; if	COLU PART SOCIAL S OR EM IDENTIF	JMN 2 NER'S SECURITY	COLUMN 3 TYPE OF ENTITY OF PARTNER (Follow Federal Form 1065 instructions for Schedule K-1, Item I; see Partner Entity	COLUMN 4 IF PARTNER IS AN INDIVIDUAL OR NOMINEE REPRESENTING AN INDIVIDUAL, ENTER RESIDENCE STATUS OF PARTNER (R = Resident, N = Nonresident, PR = Part-year resident portion,	COLUMN 5 IF COLUMN 4 EQUALS PART- YEAR RESIDENT ENTER RESIDENCY START DATE ON RESIDENT (PR) LINE AND END DATE ON NONRESIDENT	
EX	Street number, street name and suite number City, state, zip code					PN = Part-year nonresident portion)	(PN) LINE	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Name o	f partnership Partn	ership's FEIN	2	018 Form GR	-1065, Sched	
	SCHEDULE 1A - PARTNER INFORMATIO	N SCHEDULE	FOR DOWNS	STREAM PAR	TNFRSHIP	Revised 08/25/2015 Attachment 1A
A1. Nar	ne and address of downstream partnership	A2. Downstream par		JIKEAWI AK	A5. Number of	
	· · · · · · · · · · · · · · · · · · ·	A3. Date Business S			A6. No. of Em	
		A4. Contact person			A7. Telephone	Number
R M	COLUMN 1 NAME AND ADDRESS OF ALL PARTNERS OF DOWNSTREAM PARTNERSHIP (Enter the name and address of downstream partnership below and complete columns 1 and 2 and, if necessary, columns 3 and 4; if column 4 for partner equals part-year resident (PR or PN), report the resident and nonresident portions on separate partner lines) Enter partner's name and address as per example below Partner's Name Street number, street name and suite number City, state, zip code	PARTNER'S SOCIAL SECURITOR EMPLOYER IDENTIFICATION NUMBER	TYPE OF E OF PART (Follow Fede	INTITY NER TRIF PAI INDIVIDU REPRI INDIVIDU 1, Item I; r Entity n Chart) N = No Part-year PN	DLUMN 4 RTNER IS AN JAL OR NOMINEE ESENTING AN DUAL, ENTER NCE STATUS OF ER (R = Resident, Inresident, PR = r resident portion, = Part-year esident portion)	COLUMN 5 IF COLUMN 4 EQUALS PART- YEAR RESIDENT ENTER RESIDENCY START DATE ON RESIDENT (PR) LINE AND END DATE ON NONRESIDENT (PN) LINE
1		_				
2		_				
3		_				
4		_				
5						
6						
7						
8						
9						
10						

Name of partnership	Partnership's FEIN	2018 Form GR-1065, Schedule 2,

SCHEDULE 2 - PARTNER INCOME AND TAX CALCULATION SCHEDULE

Partnerships filing an information return complete only columns 1 through 4.

Partnerships electing to pay tax must complete all applicable columns.

Attachment 2

Revised 08/25/2015

· arti	norompo dicoting to pay tax me	act comp	oto un t	applicable coluinin	0.						/ tttu
P A U M B L	COLUMN 1 PARTNER'S NAME	COLU TYPE OF OF PAF (From F	ENTITY RTNER Partner	COLUMN 3 PARTNER'S SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	COLUMN 4 TOTAL INCOME (From Schedule C, column 7; See page 1, box F)	COLUMN 5 ALLOWABLE DEDUCTIONS (See instructions)	EXEMPTIONS (See note 2 on	COLUMN 7 TAXABLE INCOME (Column 4 less columns 5 and 6)	COLUMN 8 TAX AT RESIDENT OR CORPORATION TAX RATE (Column 7	COLUMN 9 TAX AT NONRESIDENT TAX RATE (Column 7 multiplied	COLUMN 10 TAX PAID (Column 8 less Schedule G, column 6; or column 9; see
E R R		Federal Classification	Residency Status						multiplied by tax rate)	by tax rate)	Instructions)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
	÷	-		+	+	+			-		-

Name o	of partnership			Partnership's FEIN				2018	Form GR-1065, Sc	hedule 2A		
	SC nerships electing to pay tax v and address of of downstream partnership	vho have		_	r must co	mplete ar			DOWNSTREAM PA	_	ership.	Revised 08/25/2015 Attachment 2A
P A R T N E R	COLUMN 1 PARTNER'S NAME	COLU TYPE OF OF PAR (From F Information Federal Classification	ENTITY RTNER Partner on Sch.)	COLUMN 3 PARTNER'S SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER (From Partner Information Sch.)	COLU TOTAL I (From Sci column page 1,	NCOME hedule C, 7; See	COLUMN 5 ALLOWABLE DEDUCTIONS (See instructions)	COLUMN 6 EXEMPTIONS (See instructions)	COLUMN 7 TAXABLE INCOME (Column 4 less columns 5 and 6)	COLUMN 8 TAX AT RESIDENT OR CORPORATION TAX RATE (Column 7 multiplied by tax rate)	COLUMN 9 TAX AT NONRESIDENT TAX RATE (Column 7 multiplied by tax rate)	COLUMN 10 TAX PAID (Column 8 less Schedule G, column 6; or column 9; see Instructions)
1 2												
3												
4												
5												
7												
8												
9												
10												
Totals	(Enter here and on Schedule 2 partn	er line for th	is partner	ship)								

If this schedule is not attached to partnership return, all income of downstream partnership will be taxed at the resident tax rate.

2018 Form GR-1065, Schedules A & B	Name of partnership	Partnership's FEIN	2018 Form GR-1065, Schedules A & B
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	Revised 08/25/2015
SCHEDULE A – ALLOCABLE PARTNERSHIP ORDINARY BUSINESS INCOME	Attachment 3
1. Ordinary business income (loss) (Form 1065, pg. 1, line 22) (Attach copy of federal Form 1065, Sch K (1065), ancillary schedules and statements)	
2. Add City of {City Name} income tax, if deducted in determining income on federal Form 1065	
3. Add interest and other costs incurred in connection with the production of income exempt from {City Name} income tax (Attach schedule)	
4. Deduct Sec. 179 depreciation (Federal Schedule K, line 12)	
5. Other partnership deductions allowed under Michigan Uniform City Income Tax Ordinance (Attach explanation)	
6 Deduct ordinary income (loss) from other partnerships, estates & trusts (Federal Form 1065, page 1, line 4; attach explanation)	
7. Total adjusted ordinary business income (Add lines 1, 2, 3 and subtract lines 4, 5 and 6)	

		SCHEDIII E B	DADTNEDQUID	INCOME NOT I	NCLUDED IN SC	HEDIII E A		Revised 06/18/2014	
ATTACH COPY OF FEDERAL SCHEDULE K (1065) ATTACH SCHEDULES TO EXPLAIN ALL EXCLUSIONS	FEDERAL FORM 1065 REFERENCE	COLUMN 1 APPORTIONED INCOME	COLUMN 2 TOTAL EXCLUDIBLE RESIDENT PARTNERS' PORTION OF COLUMN 1	COLUMN 3 TOTAL EXCLUDIBLE NONRESIDENT, ESTATE AND TRUST PARTNERS' PORTION OF COLUMN 1	COLUMN 4 TOTAL EXCLUDIBLE CORPORATION PARTNERS' PORTION OF COLUMN 1	COLUMN 5 TOTAL EXCLUDIBLE OTHER PARTNERS' PORTION OF COLUMN 1 (Partners not in columns 2, 3 or 4)	COLUMN 6 TOTAL TAXABLE AT RESIDENT OR CORPORATE TAX RATE (Column 1 less column 2, 4 or 5)	Attachment 4 COLUMN 7 TOTAL TAXABLE AT NONRESIDENT TAX RATE (Column 1 less column 3)	
NONBUSINESS INTEREST AND DIVIDENDS (SEE INSTRUCTIONS)									
Nonbusiness interest income	Sch. K, line 5								
2. Nonbusiness dividend income	Sch. K, lines 6a								
SALE OR EXCHANGE OF PRO	PERTY (SEE I	NSTRUCTIONS)							
3. Net short-term capital gain (loss)	Sch. K, line 8								
4. Net long-term capital gain (loss)	Sch. K, L. 9a - c								
5. Net Section 1231 gain (loss)	Sch. K, line 10								
RENTS AND ROYALTIES (IF I	NCOME INCLU	IDES RENTAL REAL	ESTATE, ATTAC	H COPY OF FEDE	RAL FORM 8825)				
6. Net income (loss) from rental real estate activities	Sch. K, line 2								
7. Net income (loss) from other rental activities	Sch. K, line 3c								
8. Royalty income	Sch. K, line 7								
OTHER INCOME									
9. Other income	Sch. K, line 11								
10. Ordinary income from other partnerships	Form 1065, line 4	_							
Total apportioned income (Add lin of each column)	nes 1 through 10								
Amounts reported in column 1 ar Amounts reported in columns 2 t			` '	linate schedule (Sc	hedule B-1 through S	chedule B-10).			

		SCH	HEDULE C - INCO	ME DISTRIBUTIO	N TO PARTNERS		Revised 12/17/2015 Attachment 5
P A R T N E R	COLUMN 1 ADJUSTED ORDINARY BUSINESS INCOME (Total equals Schedule A, line 7)	COLUMN 2 ALLOCATION PERCENTAGE (Resident partners enter 100%; partnership partners see instructions; other partners enter percentage from Sch. D, line 5)	COLUMN 3 ALLOCATED ORDINARY BUSINESS INCOME (Column 1 multiplied by percentage in column 2)	COLUMN 4 ALLOCATED OR APPORTIONED GUARANTEED PAYMENTS TO PARTNERS (From Schedule F, column 4)	COLUMN 5 RESIDENT, CORPORATION AND PARTNERSHIP PARTNER'S PORTION OF SCHEDULE B INCOME (From Schedule B11, column 11)	COLUMN 6 NONRESIDENT, ESTATE AND TRUST PARTNER'S PORTION OF SCHEDULE B INCOME (From Schedule B11, column 11)	COLUMN 7 TOTAL INCOME (Add columns 3, 4, 5, and 6; enter here and on Schedule 2, column 4)
1		%					
2		%					
3		%					
4		%					
5		%					
6		%					
7		%					
8		%					
9		%					
10		%					
Totals							

			Revised 06/18/2014
SCHEDULE D – BI	USINESS ALLOCATION PERCE	NTAGE	Attachment 6
	COLUMN 1	COLUMN 2	COLUMN 3
	LOCATED EVERYWHERE	LOCATED IN CITY	PERCENTAGE
a. Average net book value of real and tangible personal property			(Column 2 divided
b. Gross annual rent paid for real property only, multiplied by 8			by column 1)
c. Totals (Add lines 1a and 1b)			%
2. Total wages, salaries, commissions and other compensation of all employees			%
3. Gross receipts from sales made or services rendered		%	
4. Total percentages (Add the percentages computed in column 3, lines 1c, 2 and	3)		%
5. Business allocation percentage (Divide line 4 by the number of factors) Enter he	ere and on Schedule C, column 2 (See note below	w)	%
Note 3. In determining the business allocation percentage (Line 5), a factor sha	all be excluded from the computation only when su	ich factor does not exist anywhere in:	sofar
as the taxpayer's business operation is concerned. In such cases, the	sum of the remaining percentages shall be divide	d by the number of factors actually us	sed.
In the case of a taxpayer authorized by the Income Tax Administrator to	o use one of the special formulas, attach an expla	nation and use the lines provided bel	ow:
a. Numerator	c. Percentage (a divided by b) (Ente	er here and on Schedule C, Col. 2)	%
b. Denominator	d. Date of Administrator's approval le	etter (mm/dd/yyyy)	

Name o	f partnership	Partnership's FEIN		2018 Form GI	R-1065, Schedu	ıles E & F				
16.0		SCHEDULE E - RENT				Revised 08/31/2015 Attachment 7				
PROPE		ship includes rental of real estate, indicate below the complete ad				0.4114.0004.0000				
	KIY#	PROPERTY ADDRESS (Street number, street n	name, city, state and zip	code)		GAIN OR LOSS				
	1.									
2.										
3.										
4.										
5.										
TOTAL	S (ATTACH COPY OF	FEDERAL FORM 8825)								
						Doving - 1 00/40/0044				
1	CCHEDII	ILE F – ALLOCATED OR APPORTIONED	CHADANTEE	DAVMENTS		Revised 06/18/2014				
This sal										
		s making guaranteed payments to partners where one or more pa ts are taxed differently under the Michigan Uniform City Income		axable or partially taxa	bie guaranteed paymer	11.				
	,, ,	<u> </u>	Tax Ordinance.	TAVABILITY OF	TYPE OF GUARAN	TEED DAVMENT				
	YPES OF GUARANTEED			NOT TAXABLE	TYPE OF GUARAN	I EED PAYMENT				
_		NT BENEFIT RECEIVED BY A RESIDENT INDIVIDUAL	IAI							
_		NT BENEFIT RECEIVED BY A NONRESIDENT INDIVIDU CAPITAL BY A RESIDENT INDIVIDUAL	JAL	NOT TAXABLE						
_				100% TAXABLE						
_		CAPITAL BY A NONRESIDENT INDIVIDUAL	VIDITAL	NOT TAXABLE						
		ERSONAL SERVICES RECEIVED BY A RESIDENT INDIV		100% TAXABLE	IONED					
•		ERSONAL SERVICES RECEIVED BY A NONRESIDENT	INDIVIDUAL	WAGE APPORTI	IONED	COLLIMAN 4				
	COLUMN 1 GUARANTEED	COLUMN 2 LIST TYPE OF GUARANTEED PAYMENT	COLUMN 3 PERCENTAGE TAXABLE			COLUMN 4 CITY				
PN	PAYMENTS	R as a qualified retirement benefit (RQRB)				TAXABLE				
ΙΑ ,,	TO PARTNERS	N as a qualified retirement benefit (NQRB)	(Enter percentage taxable for partner in column 3c base upon type of guaranteed payment received; if reason is			GUARANTEED				
R M		R as interest for use of capital (RINT)	nonresident com	pensation enter days	s or hours worked	PAYMENTS				
N B	/Total aguala amount	N as interest for use of capital (NINT)	in columns 3A and COLUMN 3A	d 3B and compute p COLUMN 3B	ercentage taxable) COLUMN 3C	(Column 1 multiplied				
l ⊢ ⊨ l	(Total equals amount reported on federal	R as compensation for personal services (RCOMP) N as compensation for personal services (NCOMP)				(Column 1 multiplied by column 3C)				
R R	Form 1065, line 10)	True compensation for perconal services (receiving)	WORK DAYS OR HOURS	WORK DAYS	PERCENTAGE TAXABI F	by column co,				
1	, ,	(R = resident and N = nonresident)	IN CITY	OR HOURS EVERYWHERE	(Default is 100%)					
1			114 011 1	LVLIXIVVIILIXL	(Delault is 10070)					
2										
3										
-										
5			1							
6			1							
7										
/										
8			1							
9										
Totals										
iotais										

lame of partnership	Partnership's FEIN	2018 Form GR-1065, Schedule G
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Revised 06/18/2014

SCHEDULE G – CREDIT FOR TAX PAID TO ANOTHER CITY ON BEHALF OF RESIDENT PARTNERS

Attachment 9

If tax is paid to more than one other city on behalf of a resident partner, use a separate line for each city. Total the amounts in column 6 for the partner and enter the total credit for the partner on the last line for the partner in column 7.

Coldini	Column of the parties and enter the total credit for the parties of the last line for the parties in column 7.									
	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7			
PN	NAME OF OTHER CITY	INCOME TAXABLE BY	NUMBER OF	TAX AT CITY'S	TAX PAID TO OTHER CITY	CREDIT FOR	TOTAL CREDIT			
Ι Δ		OTHER CITY AND	EXEMPTIONS	NONRESIDENT	(Subtract the result of column	TAX PAID TO	FOR TAX PAID TO			
RM		ALSO TAXABLE BY	CLAIMED BY	TAX RATE	3 multiplied by other city's	OTHER CITY	OTHER CITY ON			
T V		{CITY NAME}	PARTNER (Tax	(Subtract the result of	exemption value from column	(Smaller of column 4	BEHALF OR			
ΝΕ			Due Schedule,	column 3 multiplied by	2 and multiply the difference	or column 5)	PARTNER			
- N E R			column 6)		by other city's nonresident tax		(Column 6 total for			
E R R				from column 2 and	rate)		partner; place on			
1				multiply the difference by			last line for partner)			
				the partner's resident						
				city's nonresident tax rate)						
	Example Lansing	10,000	3	62	41	41				
	Example Detroit	5,000	3	24	39	24				
999	Example Saginaw	12,000	3	77	77	77	142			
T - 4 - 1		- 41 14 / A -1 -1 -	-4- :!		4 15 0->					
ı otal c	realt for tax paid to an	otner city (Add amou	nts in column <i>i</i>	; enter here and on pa	age 1, line 2e)					

Name of partnership	Partnership's FEIN	2018 Form GR-1065, Schedule B1 & B2

									Revised 06/18/2014
			S	CHEDULE B1 - IN	NTEREST INCOM	E (Schedule B, lin	e 1, by partner)		Attachment 10
Р	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
AN	TYPE OF		INTEREST INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	INTEREST INCOME	INTEREST INCOME
R	OF PARTN	•		INTEREST INCOME	INTEREST INCOME	INTEREST INCOME	INTEREST INCOME	TAXABLE AT	TAXABLE AT
T B	Partr		FEDERAL SCHEDULE		OF INDIVIDUAL	OF CORPORATION	OF PARTNERS NOT REPORTED IN	RESIDENT OR	NONRESIDENT
N	Informatio	on Scn.)	K-1 FOR PARTNER (Sch. K-1 (Form 1065),	RESIDENT PARTNERS	NONRESIDENT ESTATE OR TRUST	PARTNERS	COLUMNS 3, 4 & 5	CORPORATION TAX RATE (Column 2	TAX RATE (Column 2 less column 4)
	Federal	Residency	line 5)	TARTITUERO	PARTNERS		0020WiN0 0, 4 0 0	less column 3, 5 or 6)	icos column 4)
R '	Classification	Status	,					, ,	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Totals									

									Revised 06/18/2014
			S	CHEDULE B2 - D	IVIDEND INCOMI	E (Schedule B, lin	e 2, by partner)		Attachment 11
Р	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
AN	TYPE OF ENTITY		DIVIDEND INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	DIVIDEND INCOME	DIVIDEND INCOME
R M	OF PAR		REPORTED ON	DIVIDEND INCOME	DIVIDEND INCOME	DIVIDEND INCOME	DIVIDEND INCOME	TAXABLE AT	TAXABLE AT
T M	(From P Information		FEDERAL SCHEDULE K-1 FOR PARTNER	OF INDIVIDUAL RESIDENT	OF INDIVIDUAL NONRESIDENT	OF CORPORATION PARTNERS	OF PARTNERS NOT REPORTED IN	RESIDENT OR CORPORATION	NONRESIDENT TAX RATE (Column 2
I N =	IIIIOIIIIauc	Jii GGii.)	(Sch. K-1 (Form 1065),	PARTNERS	ESTATE OR TRUST	TAKTINEKO	COLUMNS 3, 4 or 5	TAX RATE (Column 2	less column 4)
E R	Federal	Residency	line 6A)		PARTNERS			less column 3, 5 or 6)	,
, ,	Classification	Status							
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Totals									

Name of partnership	Partnership's FEIN	2018 Form GR-1065, Schedules B3 & B4

									Revised 06/18/2014
			SCHEDULE B3	B - NET SHORT TE	ERM CAPITAL GA	IN (OR LOSS) (S	chedule B, line 3,	by partner)	Attachment 12
	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
PN	TYPE OF ENTITY		SHORT TERM	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	SHORT TERM	SHORT TERM
A	OF PAR		CAPITAL GAIN (LOSS)		SHORT TERM	SHORT TERM		` ,	CAPITAL GAIN (LOSS)
R M	(From P		REPORTED ON	CAPITAL GAIN (LOSS)	,	` ,	` ,		TAXABLE AT
I B	Informatio	on Sch.)	FEDERAL SCHEDULE		OF INDIVIDUAL	OF CORPORATION	OF PARTNERS NOT	RESIDENT OR	NONRESIDENT
N E			K-1 FOR PARTNER (Sch. K-1 (Form 1065),	RESIDENT PARTNERS	NONRESIDENT ESTATE OR TRUST	PARTNERS	REPORTED IN COLUMNS 3, 4 or 5)	CORPORATION TAX RATE (Column 2	TAX RATE (Column 2 less column 4)
RR	Coderal	Dasidanav	line 5)	TARTINERO	PARTNERS		COLOIVING 3, 4 OI 3)	less column 3, 5 or 6)	iess column 4)
'`	Federal Classification	Residency Status	11110 0)		171111111111111111111111111111111111111			, , , , , ,	
1									
2									
3									
4									
5									
6 7									
8									
9									
10									
Totals									

									Revised 06/18/2014
			SCHEDULE B4	I - NET LONG TE	RM CAPITAL GAII	N (OR LOSS) (Sch	nedule B, line 4, b	y partner)	Attachment 13
Р.,	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
AN	TYPE OF	ENTITY	LONG TERM	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	LONG TERM	LONG TERM
RU	OF PAR	TNER	CAPITAL GAIN (LOSS)		LONG TERM	LONG TERM			CAPITAL GAIN (LOSS)
I _T M	(From P	artner	REPORTED ON	CAPITAL GAIN (LOSS)	CAPITAL GAIN (LOSS)	CAPITAL GAIN (LOSS)	CAPITAL GAIN (LOSS)	TAXABLE AT	TAXABLE AT
'nВ	Information	on Sch.)	FEDERAL SCHEDULE	OF INDIVIDUAL	OF INDIVIDUAL	OF CORPORATION	OF PARTNERS NOT	RESIDENT OR	NONRESIDENT
EE			K-1 FOR PARTNER	RESIDENT	NONRESIDENT	PARTNERS	REPORTED IN	CORPORATION	TAX RATE (Column 2
R R	Federal		(Sch. K-1 (Form 1065),	PARTNERS	ESTATE OR TRUST		COLUMNS 3, 4 or 5	TAX RATE (Column 2	less column 4)
	Classification	Status	line 5)		PARTNERS			less column 3, 5 or 6)	
1									
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Totals									

Name of partnership	Partnership's FEIN	2018 Form GR-1065, Schedules B5 and B6

									Revised 06/18/2014
			SCHEDUL	E B5 - NET SECT	TON 1231 GAIN (0	OR LOSS) (Sched	lule B, line 5, by p	artner)	Attachment 14
Р	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
A	TYPE OF		SECTION 1231 GAIN	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	SECTION 1231 GAIN	SECTION 1231 GAIN
R	OF PAR		(LOSS) REPORTED	SECTION 1231 GAIN	SECTION 1231 GAIN	SECTION 1231 GAIN	SECTION 1231 GAIN	(LOSS) TAXABLE AT	(LOSS) TAXABLE AT
I T M	(From P		ON FEDERAL	(LOSS) OF	(LOSS) OF	(LOSS) OF	(LOSS) OF	RESIDENT OR	NONRESIDENT
N B	informatio	on Sch.)	SCHEDULE K-1 FOR		INDIVIDUAL	CORPORATION	PARTNERS NOT	CORPORATION	TAX RATE
EE			PARTNER (Sch. K-1	RESIDENT	NONRESIDENT	PARTNERS	REPORTED IN	TAX RATE	(Column 2 less
RR	Federal Classification	Residency Status	(Form 1065), line 5)	PARTNERS	ESTATE OR TRUST		COLUMNS 3, 4 or 5	(Column 2 less	column 4)
	Classification	Status			PARTNERS			column 3, 5 or 6)	
1									
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Totals									

									Revised 06/18/2014
		SCHI	EDULE B6 - NET	INCOME (LOSS) F	ROM RENTAL RI	EAL ESTATE ACT	IVITIES (Sch. B,	line 6, by partner)	Attachment 15
	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
P N	TYPE OF		NET INCOME (LOSS)	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	INCOME (LOSS)	INCOME (LOSS)
AU	OF PAR		FROM RENTAL REAL	INCOME (LOSS)	INCOME (LOSS)	INCOME (LOSS)	INCOME (LOSS)	FROM RENTAL REAL	
R M	(From P Information		ESTATE (From Form 1065,	FROM RENTAL REAL ESTATE OF	RESIDENT OR	ESTATE TAXABLE AT NONRESIDENT			
N E	Imormatic	511 0011.)	Schedule K, line 2)	INDIVIDUAL	INDIVIDUAL	CORPORATION	PARTNERS NOT	CORPORATION	TAX RATE
E R			, ,	RESIDENT	NONRESIDENT	PARTNERS	REPORTED IN	TAX RATE	(Column 2 less
R '	Federal	Residency		PARTNERS	ESTATE OR TRUST		COLUMNS 3, 4 or 5	(Column 2 less column	column 4)
	Classification	Status			PARTNERS			3, 5 or 6)	
1									
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Totals									

Name of partnership	Partnership's FEIN	2018 Form GR-1065, Schedules B7 & B8
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									Revised 06/18/2014
		SC	HEDULE B7 – NE	T INCOME (LOSS) FROM OTHER F	RENTAL ACTIVITI	ES (Schedule B, I	ine 7, by partner)	Attachment 16
	COLUMN 1		COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
PN	TYPE OF	ENTITY	NET INCOME(LOSS)	EXCLUDIBLE INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	INCOME (LOSS)	INCOME (LOSS)
A	OF PAR		FROM OTHER	(LOSS) FROM OTHER	INCOME (LOSS)	INCOME (LOSS)	INCOME (LOSS)	FROM OTHER	FROM OTHER
R M	(From P		RENTAL ACTIVITIES	RENTAL ACTIVITIES	FROM OTHER	FROM OTHER	FROM OTHER	RENTAL ACTIVITIES	RENTAL ACTIVITIES
I B	Informatio	on Sch.)	(From Form 1065,	OF INDIVIDUAL	RENTAL ACTIVITIES	RENTAL ACTIVITIES	RENTAL ACTIVITIES	TAXABLE AT	TAXABLE AT
N E			Schedule K, line 2)	RESIDENT PARTNERS	OF INDIVIDUAL NONRESIDENT	OF CORPORATION PARTNERS	OF PARTNERS NOT REPORTED IN	RESIDENT OR CORPORATION TAX	NONRESIDENT TAX RATE (Column 2 less
R R	Fadanal	Davidana		FARTNERS	ESTATE OR TRUST	FARTNERS	COLUMNS 3, 4 or 5	RATE (Column 2 less	column 4)
'`	Federal Classification	Residency Status			PARTNERS		00201111100, 1010	column 3, 5 or 6)	oolalliii 1)
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Totals								_	

									Revised 06/18/2014
			5	CHEDULE B8 - F	ROYALTY INCOMI	E (Schedule B, lin	e 8, by partner)		Attachment 17
P A R T N E R	COLUI TYPE OF OF PAR (From P Informatio	ENTITY TNER Partner	COLUMN 2 ROYALTY INCOME (From Form 1065, Schedule K, line 7)	COLUMN 3 EXCLUDIBLE ROYALTY INCOME OF INDIVIDUAL RESIDENT PARTNERS	COLUMN 4 EXCLUDIBLE ROYALTY INCOME OF INDIVIDUAL NONRESIDENT ESTATE OR TRUST PARTNERS	COLUMN 5 EXCLUDIBLE ROYALTY INCOME OF CORPORATION PARTNERS	COLUMN 6 EXCLUDIBLE ROYALTY INCOME OF PARTNERS NOT REPORTED IN COLUMNS 3, 4 or 5	COLUMN 7 ROYALTY INCOME TAXABLE AT RESIDENT OR CORPORATION TAX RATE (Column 2 less column 3, 5 or 6)	COLUMN 8 ROYALTY INCOME TAXABLE AT NONRESIDENT TAX RATE (Column 2 less column 4)
1									
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10									
Totals									

Name of partnership	Partnership's FEIN	2018 Form GR-1065, Schedules B9 & B10

									Revised 06/18/2014
				SCHEDULE B9 -	OTHER INCOME	(Schedule B, line	9, by partner)		Attachment 18
P N R M T B	COLUMN 1 TYPE OF ENTITY OF PARTNER (From Partner Information Sch.)		COLUMN 2 OTHER INCOME (Schedule K,11)	COLUMN 3 EXCLUDIBLE OTHER INCOME OF INDIVIDUAL RESIDENT	COLUMN 4 EXCLUDIBLE OTHER INCOME OF INDIVIDUAL NONRESIDENT	COLUMN 5 EXCLUDIBLE OTHER INCOME OF CORPORATION PARTNERS	COLUMN 6 EXCLUDIBLE OTHER INCOME OF ALL OTHER PARTNERS	COLUMN 7 OTHER INCOME TAXABLE AT RESIDENT OR CORPORATION	COLUMN 8 OTHER INCOME TAXABLE AT NONRESIDENT TAX RATE
E R	Federal Classification	Residency Status		PARTNERS	ESTATE OR TRUST PARTNERS			TAX RATE (Column 2 less column 3, 5 or 6)	(Column 2 less column 4)
1									
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10									
Totals									

									Revised 06/18/2014
		S	CHEDULE B10 - (ORDINARY INCOM	ME FROM OTHER	PARTNERSHIPS	(Schedule B, line	10, by partner)	Attachment 19
	COLUMN 1		COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
PN	TYPE OF		ORDINARY INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	ORDINARY INCOME	ORDINARY INCOME
I A II	OF PAR		FROM OTHER	ORDINARY INCOME	ORDINARY INCOME	ORDINARY INCOME	ORDINARY INCOME	FROM	FROM
R M	(From P		PARTNERSHIPS (From Form 1065,	FROM OTHER PARTNERSHIPS	FROM OTHER PARTNERSHIPS	FROM OTHER PARTNERSHIPS	FROM OTHER PARTNERSHIPS FOR	PARTNERSHIPS TAXABLE AT	PARTNERSHIPS TAXABLE AT
N B	Sched		line 4)	OF INDIVIDUAL	OF INDIVIDUAL	OF CORPORATION	PARTNERS NOT	RESIDENT OR	NONRESIDENT
	001100	.u.o,		RESIDENT	NONRESIDENT	PARTNERS	REPORTED IN	CORPORATION TAX	TAX RATE (Column 2
RR	Federal	Residency		PARTNERS	ESTATE OR TRUST		COLUMNS 3, 4 or 5	RATE (Column 2 less	less column 4)
	Classification	Status			PARTNERS			column 3, 5 or 6)	
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Totals									

Name o	of partnership				rship's FEIN	2018 Form GR-1065, Schedule B11					
		00115	:DIII E D44 00	UEDIU E D OUM	MADY DV DADTNI	ED DV 0011ED11		DED (0 - b b - b - D	Um a 44 have mande		Revised 06/18/2014
					MARY BY PARTN						Attachment 20
_	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9	COLUMN 10	COLUMN 11
P A N	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6	LINE 7	LINE 8	LINE 9	LINE 10	TOTAL PARTNER'S
R.	INTEREST	DIVIDEND INCOME	NET SHORT TERM	NET LONG TERM		NET INCOME (LOSS) FROM RENTAL REAL	NET INCOME (LOSS) FROM OTHER		OTHER INCOME	ORDINARY INCOME FROM OTHER	PORTION OF CITY APPORTIONED
_ M	INCOME (Partner's city portion; from	(Partner's city	CAPITAL GAIN (LOSS)	CAPITAL GAIN (LOSS)	GAIN (LOSS) (Partner's city portion;		RENTAL ACTIVITIES	(Partner's city portion; from Schedule B8.	(Partner's city portion; from Schedule B9.	PARTNERSHIPS	INCOME
N E	Schedule B1,	portion; from	(Partner's city portion;	(Partner's city portion	from Schedule B5,	(Partner's city portion;		column 7 or	column 7 or	(Partner's city portion;	(Add columns 1
	column 7 or	Schedule B2,	from Schedule B3,	from Schedule B4,	column 7 or	from Schedule B6,	from Schedule B7,	column 8)	column 8)	from Schedule B10,	through 10; enter here
R	column 8)	column 7 or	column 7 or	column 7 or	column 8)	column 7 or	column 7 or			column 7 or	and on Schedule C,
		column 8)	column 8)	column 8)		column 8)	column 8)			column 8)	col. 5 or col. 6)
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Totals											

Partnership's name	Partnership's FEIN	2018 GRAND RAPIDS	
SCHEDULE N - SUPPORTING NOTES	AND STATEMENTS	Attachmer	
		Revised 08/31	/2015